

# Cutler-Orosi Joint Unified School District

# **Bloodborne Pathogen Exposure Control Plan**

Revised September 2015

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# Introduction

## Purpose

The purpose of this document is to serve as Cutler-Orosi Joint Unified School District's written Exposure Control Plan in compliance with Cal-OSHA GISO 5193 - Bloodborne Pathogens. This plan ensures that designated employees (as defined herein) are:

- Aware of potential hazards from exposure to bloodborne pathogens.
- Advised of the appropriate procedures to avoid exposure.

## Background

Certain pathogenic microorganisms can be found in the blood of infected individuals. These "bloodborne pathogens" may be transmitted from the infected individual to other individuals by blood or certain body fluids, for example, when blood-contaminated needles are shared by intravenous drug users. It is contact exposure to blood or other body fluids that creates the risk of infection. Individuals whose occupational duties place them at risk of exposure to blood and other potentially infectious materials are also at risk of becoming infected with these bloodborne pathogens, developing disease and in some cases dying. The two most significant bloodborne pathogens are hepatitis B virus (HBV) and human immunodeficiency virus (HIV). On December 6, 1991, FEDOSHA issued standards for occupational exposure to these bloodborne pathogens. This standard became effective March 6, 1992.

## Scope

This OSHA Standard applies to Cutler-Orosi Joint Unified School designated employees with occupational exposure to blood or other potentially infectious materials:

- Nurses, health aide staff
  - Special education staff
  - R.O.P. and community education program staff
  - Custodial staff
  - Bus transportation staff
  - Coaches, physical education and athletics program staff
  - Speech pathologists
  - Pre-school and childcare teachers and aides
  - Administrative and clerical staff
  - Teachers
- ❖ Occupational Exposure means reasonably anticipated skin, eye, mucous membrane or parenteral (the piercing of mucous membranes or the skin barriers through such events as needle sticks, human bites, cuts and abrasions), contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- ❖ Other potentially infectious materials include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

# Management Commitment

The development and implementation of an exposure control plan requires the commitment of management and full participation of all employees at every level within the District.

## Policy Statement

It is the policy of the Cutler-Orosi Joint Unified School District to provide a safe and healthy work environment for all of its employees by minimizing exposure to bloodborne pathogens.

## Responsibility

The responsibilities described below are intended to encompass and limit involvement for this program to those individuals whose primary or additional job activities include day-to-day exposure or potential exposure to blood and body fluids. Nursing staff, as healthcare professionals, are charged with contributing their utmost to establish and maintain the safest and most healthful practices while providing care for Cutler-Orosi Schools' students and employees.

**Superintendent** is responsible for:

- Maintaining the District's Occupational Safety and Health (OSH) policy and the Bloodborne Pathogen Exposure Control Plan. The Superintendent has appointed the Director of Student and Community Services with the responsibility for the implementation and administration of the Bloodborne Pathogen Exposure Control Plan.

**School Board, Superintendent and Administrators** shall:

- Promote a positive attitude toward this safety and health regulation.
- Promote an affirmative attitude toward compliance.
- Insist that staff comply with rules and practices.

**Employees** who may have occupational exposure to blood and body fluids shall:

- Be knowledgeable about the contents of this document and the appropriate safe work practices necessary to avoid exposure.
- Complete the SafeSchools training on bloodborne pathogens.
- Direct questions regarding bloodborne pathogens or the contents of this plan to the District Nurse at (559) 341-1080.

**District Nurse** is responsible for:

- Determining, maintaining and updating CPR certification records for all nurses, health aides and other staff members designated with this responsibility.
- Ensuring that training is provided for all affected employees.
- Reviewing the District's Bloodborne Pathogen Exposure Control Plan and practices and reporting the effectiveness of each effort to the Assistant Superintendent annually.
- Coordinating and monitoring the vaccinations of employees.

**Site Administrator** is responsible for:

- Ensuring that staff members follow bloodborne pathogen safety practices.
- Designating staff to be responsible for completing and maintaining the "Sharps Injury Log."

**Director of Maintenance, Operations & Transportation** is responsible for:

- Providing hand-washing station provisions such as soap and paper towels
- Ordering and distributing personal protective equipment, such as aprons and eye protection devices to site offices.

**Assistant Superintendent of Administrative Services** is responsible for:

- Coordinating with Worker’s Compensation providers to provide medical testing and post-exposure prophylaxis.
- Recordkeeping. Medical records are a shared responsibility of the school nurse and Assistant Superintendent of Administrative Services.

## Review and Revision

The Cutler-Orosi Joint Unified School District’s Exposure Control Plan will be reviewed annually by the District Nurse and will, whenever necessary, reflect new or modified tasks and procedures which affect occupational exposure. In addition, this plan will be reviewed annually by the district nurse. All employees are encouraged to provide suggestions to their supervisor/department head for improving the procedures they perform in their departments.

# Exposure Determination

## Scope and Application

This chart shows the job classifications for those employees who have or may have occupational exposure and an example of some of their associated tasks and procedures during which exposure may occur.

<b>Job Classifications In Which All Employees Have Occupational Exposure</b>	<b>Job Classifications in Which Some Employees Have Occupational Exposure</b>
<b>District Nurse, LVN</b> - Immunizations, other injections, blood sugar testing, urinary tract catheterizations, wound cleaning and dressing, CPR, emergency response, clean-up, injections, handling blood and other body tissues, other medical procedures, oral health assistance and control of oral secretions and feeding (oral and otherwise).	<b>Custodial and Grounds Staff</b> - Clean-up of body fluids
<b>Health Aides</b> - Wound cleaning and dressing, blood sugar testing, emergency response, CPR, clean-up, toilet assistance, handling blood and other body tissues, other medical procedures, oral health assistance and control of oral secretions and feeding (oral and otherwise).	<b>School Clerks and Secretaries</b> - Wound cleaning and dressing, clean-up

<b>Job Classifications In Which All Employees Have Occupational Exposure</b> (continued)	<b>Job Classifications in Which Some Employees Have Occupational Exposure</b> (continued)
<b>Special Education Teachers</b> - Wound cleaning and dressing, first aid, CPR, toilet assistance, feeding (oral and gastric tube), oral health assistance, control of biting, control of oral secretions (drooling)	<b>P.E. Teachers, Coaches, Athletic Trainers</b> - Providing first aid, clean-up of body fluids, linen clean-up
<b>Special Education Instructional Aides</b> - First Aid, CPR, clean-up, toilet assistance, feeding (oral and G-tube), oral health assistance, control of biting and oral secretions (drooling)	<b>All Teachers</b> - Providing first aid, clean-up of body fluids
<b>Preschool Staff</b> - Wound cleaning and dressing, toilet assistance, clean-up,	<b>Bus Drivers</b> - Clean-up of body fluids
<b>Speech Therapists</b> - Working with oral cavity, saliva and associated clean-up of these secretions	<b>Instructional Aides and Campus Security</b> - Emergency first aid, CPR, clean-up of body fluids and violent students

## Methods of Compliance

### Universal Precautions

Universal precautions are used as an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are to be treated as if they are infectious for HIV, HBV and other bloodborne pathogens.

Universal precautions shall be used to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered infectious materials. All procedures involving blood or other body fluids shall be performed in such a manner as to minimize splashing, splattering and generation of droplets of these substances.

***Hand-washing is the single most effective means of preventing the spread of infection***

### Hand-washing

- Hand-washing facilities shall be made available at various locations throughout each site.
- Hands and other skin surfaces shall be washed with soap and water.
- When hand-washing facilities are not immediately available, appropriate antiseptic hand cleanser in conjunction with clean cloth, paper towels or antiseptic towelettes shall be used. Hands shall be washed with soap and running water as soon as possible.

### Exposed Mucous Membranes

- Exposed mucous membranes shall be flushed with water immediately after exposure.

## **Barrier Precautions**

Appropriate barrier precautions shall be routinely used to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any student or staff is anticipated.

- Vinyl gloves shall be worn when:
  - Touching blood and body fluids, mucous membranes or non-intact skin of all students and staff.
  - Handling items or surfaces soiled with blood or body fluids.
  - Performing venipuncture, lancets and other vascular access procedures.
- Disposable gloves must be of an appropriate material, an appropriate quality for the procedure performed and of the appropriate size for each employee rendering care.
  - Gloves shall be changed after each person has been treated.
  - Disposable (single use) gloves shall be replaced as soon as it is feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
  - Disposable (single use) gloves shall not be washed or decontaminated for reuse.
  - Masks, in combination with eye protection devices such as goggles or glasses with side shields or chin-length face shields, shall be made available for wear whenever splashes, spray, splatter, or droplets of blood or other body fluids may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- Required Personal Protective Equipment (PPE)
  - Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and/or for the duration of time the equipment is in use.
  - Must be readily accessible to employees in appropriate sizes and provided at no cost to the employee.
  - Hypoallergenic gloves, powderless gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
  - Equipment shall be cleaned and/or laundered at no expense to the employee.
  - Equipment shall be repaired or replaced as needed to maintain its effectiveness at no cost to the employee. If a garment is penetrated by blood or other body fluids, the garment shall be removed as soon as possible.
  - Standard PPE for nursing staff and First Aid Providers may include gloves, aprons and eye protection.
  - Standard PPE shall be removed prior to leaving the work area.

## **Sharps Precautions**

For qualified staff and/or students and their parents who perform medical procedures requiring needle sticking:

- Precautions shall be taken to prevent injuries caused by needles and other sharp instruments or devices used during nursing procedures; when cleaning used instruments, during disposal of used needles and when handling sharp instruments after procedures. First Aid practices for all others shall not involve the use of needles or other sharp instruments. Precautions are as listed below:

- To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. If recapping or needle removal is an absolute necessity, due to a specific medical procedure, it shall be accomplished through the use of a mechanical device or one-handed technique.
- Shearing or breaking of contaminated needles is prohibited.
- After use, disposable syringes and other sharp items shall be immediately placed in puncture resistant containers for disposal. The containers shall be located as close as practical to the use area, kept upright throughout use, replaced at least every six months and not allowed to be over-filled.
- Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
  - ◆ Puncture resistant.
  - ◆ Labeled "Bio-Hazard".
  - ◆ Leak-proof on the sides and bottom.
  - ◆ So constructed as to not allow employees to reach into them by hand.

When moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- Placed in secondary container if leakage is possible. The second container shall be constructed to contain all contents and prevent leakage during handling, storage, transport or shipping.
- Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

### **CPR Precautions**

Although saliva has not been implicated in HIV transmission, to minimize any risk in emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, pocket masks or other ventilation devices shall be used. Such equipment shall be stored in the nurse's office or main office.

### **Qualified Staff/First Aid Provider Precautions**

Qualified staff/first aid providers who have exudative lesions or weeping dermatitis shall be examined as soon as possible. These employees shall refrain from all direct patient care and from handling patient-care equipment until such examination occurs.

### **Work Area Precautions**

- Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in areas where occupational exposure may be expected.



- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood, other body fluids or biologicals are present.
- Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

### **Cleaning and Decontamination of Blood or other Body Fluids**

Blood and other body fluids that are spilled will be cleaned up as follows:

- Solidification with absorbent/disinfectant.
- Wearing appropriate Personal Protective Equipment, pick up with plastic scraper—place in plastic bag, then bag again in another plastic bag.
- Final wipe-down with a registered EPA germicidal cleaner.

## **Housekeeping**

All equipment and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated at the end of each work shift.
- Broken glassware that may be contaminated shall not be picked up directly with the hands; mechanical means, such as a brush and dustpan, tongs or forceps, shall be used.
- Environmental surfaces such as walls, floors and other surfaces are not associated with transmission of infections to students, staff members or healthcare workers. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are not necessary, unless directly contaminated with blood or body fluids.
- General housekeeping support for environmental surfaces, including cabinets and shelves and noninfectious trash containers within nursing and First Aid areas, shall continue to be provided by District custodial staff.

### **Waste**

Contaminated items should be separated into regulated or non-regulated waste containers and handled as described below:

- **Regulated Waste, Medical Waste and Bio hazardous Waste**
  - An outside vendor is used to remove regulated waste (sharps and biological waste from science experiments) from the District.
  - If outside contamination of the regulated waste container occurs, it shall be placed in a second regulated waste container.
- **Non-regulated Waste**
  - If the contaminated item contains dried blood (dried for more than seven (7) days) or has been rinsed into a drain connected to a sanitary sewer and followed with a small

amount of bleach, it may be disposed of as regular trash. The trash should be kept in a closed container in a locked area until it is collected and transported for disposal in a sanitary landfill.

- Bulk blood, suctioned fluids, excretions and secretions may be carefully poured down a drain connected to a sanitary sewer with a small amount of bleach

## **Laundry**

Universal precautions shall be observed with all contaminated laundry. Each laundry hamper shall be labeled with a red “Biohazard” sticker or a laundry bag labeled as “Biohazard”. Used laundry shall be stored in a “leak resistant” container such as a plastic bag, labeled with a red “Biohazard” sticker. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Contaminated laundry shall not be sorted or rinsed in the use location.

## **Sterilization and Disinfection**

Standard sterilization and disinfection procedures for patient care and laboratory equipment currently recommended for use in a variety of health care settings are adequate to sterilize or disinfect instruments, devices or other items contaminated with blood or other body fluids from persons infected with bloodborne pathogens including HBV and HIV.

Medical devices or instruments that require sterilization or disinfection shall be thoroughly cleaned before being exposed to germicide and the manufacturer’s instructions for use of the germicide shall be followed.

## **Designated Emergency First Aid Responders**

Universal precautions shall be followed. Vinyl or Nitrile gloves shall be worn when touching blood and body fluids, mucous membranes or non-intact skin of all students or staff and for handling items or surfaces soiled with blood or body fluids. Designated employees shall wear gloves on all emergencies. Masks in combination with eye protection devices, such as goggles or glasses with side shields, shall be worn whenever splashes, spray, splatter or droplets of blood or other body fluids may be reasonably anticipated.

During the clean-up of an accident site, Personal Protective Equipment (PPE) (e.g., gloves and aprons) must be used. Blood/body fluids/materials shall be disposed of as “medical waste”.

# **Vaccination Against Bloodborne Pathogens**

## **Pre-Exposure:**

- Within ten working days of initial assignment, all employees covered under this plan shall be offered vaccination against the hepatitis B virus (HBV), at no cost to themselves, in accordance with current recommendations of the U.S. Public Health Service.
- Employees accepting or declining the vaccine *must complete* the “Hepatitis B Vaccination Form.”
- If vaccines against other bloodborne pathogens (e.g., human immunodeficiency virus, etc.) become approved and recommended by the U.S. Public Health Service, immunization will be offered to all covered employees in accordance with those recommendations.

## Post-Exposure:

- Bloodborne Pathogen post-exposure treatment centers for District employees and authorized volunteers are listed below. For unvaccinated first aid responders, these clinics will perform, as a minimum, all of the services contained under “Post-Exposure Evaluation and Follow-Up.”

JobCare - Reedley  
936 G Street  
Suite B  
Reedley, CA 93654  
Phone: 559-638-5005

OR

Valley Industrial  
225 South Chinowth  
Visalia, CA. 93291  
Phone: 559-627-3222

## Post-Exposure Evaluation and Follow-up

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of hepatitis B or enable the affected worker to track potential HIV infection. Prompt reporting can also help the worker avoid spreading bloodborne infection to others. Furthermore, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again. Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV and HIV infectivity if this is unknown and if permission for testing can be obtained.

- Should an exposure incident occur, the affected employee must contact their site administrator or supervisor. This also includes an exposure event that occurs after hours if blood or other potentially infectious materials were present. Such an event on weekends or during field trips shall be reported as soon as possible (injury, fight, etc.).
- All reports of exposure whether written or verbal shall be followed up with the **Post Exposure Report** and submitted to the employee’s administrator. (Exposure incidents occurring during normal work hours shall be reported before the end of the shift or workday).
- Both vaccinated and unvaccinated employees who experience an occupational exposure shall be referred to the Site Administrator and/or District Nurse.
- Nurses or other employees who sustain a needle stick or contaminated sharps injury shall also complete the “**Sharps Injury Log**” form to be included on the Sharps Injury Log within 14 days of the incident.

### Medical Evaluation

- Exposed employees shall complete the “**Offer of Testing and Consent to Test Exposed Person**” form.
- An immediate confidential medical evaluation and follow-up will be conducted by referral to a Workers’ Compensation doctor. It is important to perform initial first aid, including: cleaning the wound; flushing the eyes or their mucous membranes; and if blood is sprayed into an eye, irrigating the eye(s) with gently running warm water from the bridge

of the nose outward for at least 15 minutes making sure not to expose the other eye. Following the initial first aid, the following activities will be performed:

- Documentation of the circumstances related to the incident.
- If possible, identify the source individual and the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity. A written statement from the source individual or parent /guardian if source individual is a minor, stating if consent is given or denied.
- Results of testing of the source individual will be made available to the exposed employee and the exposed employee will be informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report any related experiences to appropriate personnel.
- The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- Hepatitis B vaccination shall be made available to any unvaccinated employee following an occupational exposure. (Please note, currently there is no vaccine for HCV).
- The treating physician will be provided with a copy of the CAL-OSHA BBP standards. (Title 8 Section 5193)
- Counseling and evaluation of reported illnesses is not dependent on the employee's electing to have baseline HBV, HCV and HIV serological testing.

### **Administration of Post-Exposure Evaluation and Follow-Up**

- ❖ Any Workers' Compensation healthcare provider must ensure that any health care professional(s) who is employed by that provider and is responsible for the employee's bloodborne pathogens standard, including hepatitis B vaccination program, post-exposure evaluation and follow-up, is given a copy of OSHA's Bloodborne pathogens standards.
- ❖ The Post Exposure Plan requires that the health care professional, who is evaluating an employee after an exposure incident, will:
  - Receive a copy of the CAL-OSHA regulation section relating to post exposure.
  - Be advised of the HBV vaccine status of employee and testing results of sources, if available.
  - Write an opinion that is limited to the fact that the employee has been informed of the results and has been informed about any medical condition requiring further evaluation or treatment.

- Make available to the employee, a copy of the evaluation health care professional's written opinion within 15 days after completion of the evaluation.

## **Training and Recordkeeping**

### **Training Employees on Bloodborne Pathogen Exposure**

Because there is no vaccine to prevent certain bloodborne diseases such as hepatitis C or HIV, training is the best defense to minimize the risks of workplace exposure to such potentially fatal illnesses.

- All employees who have occupational exposure to bloodborne pathogens receive training conducted by Risk Management when hired and shall attend mandatory annual refresher training on bloodborne pathogens and communicable diseases.
- Employees covered by the bloodborne pathogens standard receive an explanation of the Exposure Control Plan (ECP) during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the District Nurse, the site secretary, Personnel Department or the District's safety webpage. If requested, an employee will be provided with a copy of the ECP free of charge and within 15 days of the request.
- All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms and transmission of bloodborne pathogen diseases.
- Annual training shall be provided to each employee and to new hires through the SafeSchools on-line training system. Record of completion of this training shall be maintained for 5 years. Individual questions may be directed to the Personnel Department or to the District Nurse.

### **Recordkeeping**

#### **Medical Records:**

The medical record for each employee covered under this plan will include the following items:

- The employee's name and social security number/employee I.D.
- A copy of the employee's hepatitis B vaccination status, including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccine.
- A copy of all results of examinations, medical testing and follow-up procedures regarding this plan (available at workers' compensation clinic).
- Copies of any healthcare professional's written opinion (available at workers' compensation clinic).
- A copy of the information provided to the healthcare professional.

The District shall insure that employee medical records are:

- Kept confidential.
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

## Training Records

Training records shall include the following information:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training if other than by the SafeSchools program.
- The names and job titles of all persons attending the training sessions.

Training records shall be maintained for five years from the date on which the training occurred.

The District shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief of CalOSHA and NIOSH (National Institute for Occupational Safety and Health) for examination and copying.

## Sharps Injury Log

The “Sharps Injury Log” will be maintained as a record of each exposure incident involving a sharp. The original of the “Sharps Injury Log” must be kept on file at the location where the incident occurred for no less than 5 years from the date of incident and a copy forwarded to the Personnel Department. Information about employees, who are sent to the Personnel Department for medical evaluation as a result of an exposure, must be entered on the District OSHA 300 Log which is located in the Personnel Department.

## Availability of Records

The records noted below are provided upon request to the following individuals and agencies for examination and copying.

<b>Record Type</b>	<b>Provided To</b>
Medical	Subject employee and person(s) having the written consent of the subject employee
Training	Our employees and their representative(s)
Sharps Injury Log	Department of Health and Human Services, our employees, and their representative(s)
All records	Chief of Cal/OSHA and NIOSH

# Exposure Reporting Procedures and Related Forms

## FOR EXPOSED EMPLOYEE

1. The employee reports exposure to immediate supervisor and fills out the **Post Exposure Report**.
2. The site administrator or designee and District Nurse signs the **Post Exposure Report**.
  - If exposure was the result of a Sharps Injury, the nursing staff must also complete the **Sharps Injury Log** and send a copy to the Personnel Department.
3. If an exposure is confirmed by the nurse, exposed employee must also complete the **Offer of Testing and Consent to Test Exposed Person** form.
4. The site administrator or designee faxes completed forms to the Personnel Department at 528-3132 and sends original in district mail.
  - **Post Exposure Report**
  - **Offer of Testing and Consent to Test Exposed Person**
5. If services are requested, the exposed employee will be provided with the **Authorization for Services (Exposed Employee)** form, and other required documentation to be delivered to the medical facility. The Personnel Department or the District Nurse will schedule/confirm testing and counseling with JobCare - Reedley and ensure the following documentation is delivered to JobCare's office or other medical facility used, as needed:
  - Copy of the **Post Exposure Report**, which includes exposed employee's job duties as they relate to the incident.
  - Copy of exposed employee's **Offer of Testing and Consent to Test Exposed Person**.
  - Copy of District Plan. (On file with JobCare)
  - Copy of C.C.R Title 8, section 5193. (On file with JobCare)

## FOR SOURCE INDIVIDUAL

1. If the source individual is known, the Site Administrator or designee fills out the **Source Individual Report**.
2. The site administrator or designee, has the source individual fill out the **Authorization and Consent to Test Source Individual**.
  - If the source individual is a student, the Administrator must contact the parent or guardian to determine if consent will be granted to COJUSD to provide for testing for HBV, HCV and HIV as well as authorization to make those tests results available to the District and to the exposed individual. **Authorization and**

**Consent to Test Source Individual** form must be completed by parent or guardian if the source individual is a student. The parent or guardian will be provided a true copy.

- If the source individual is an adult, the source individual needs to complete the **Authorization and Consent to Test Source Individual** form. The source individual will be provided a true copy.
- Site Administrator or designee, sends by fax the **Source Individual Report** form, and the **Authorization and Consent to Test Source Individual** form, to Personnel Department at 528-3132. Please send originals to Personnel Department by district mail.
- When **Authorization and Consent to Test Source Individual** form and the box authorizing the release of the test results is checked, the source individual or parent/guardian shall be given the **Authorization for Services (Source Individual)** and directed to JobCare.

3. The Personnel Department or the District Nurse will schedule/confirm testing and counseling with JobCare and ensure the following documentation is delivered to JobCare or other medical facility used, as needed.

- Copy of the **Authorization and Consent to Test Source Individual**
- Copy of the **Authorization for Services (Source Individual)**

#### **DOCUMENTATION/FOLLOW-UP**

1. Personnel Department will:

- Maintain **Exposure Documentation Follow-up** form
- Schedule testing and counseling, as needed
- Provide reports from testing facility to Exposed Employee as allowable by law
- Maintain a confidential file of all exposures
- Track the exposed incident as a potential workers' compensation issue
- Check all reporting documentation for completeness, upon receipt



## General Industry Safety Orders

### Source References

**CODE OF REGULATIONS. TITLE 8**

3204 Access to Employee Exposure and Medical Records

5193 California Bloodborne Pathogens Standard

**CODE OF FEDERAL REGULATIONS. TITLE 29**

1910.1030 OSHA Bloodborne Pathogens Standard

California Code of Regulations, Title 8, Section 5193 may be viewed online in its entirety at:  
**<http://www.dir.ca.gov/title8/5193.html>**



## Cutler-Orosi Joint Unified School District Bloodborne Pathogens Exposure Control Plan Forms Index

Form Name	Responsible to Complete	Comments
HBV Request/Decline	Employee	Employees with occupational exposure accept or decline offer of HBV. Files in Personnel Department.
HBV Immunization Authorization	Personnel Department	Employee takes to medical facility.
Employee Responsibility Acknowledgement	Employee requesting HBV vaccination series	Employee signs after HBV vaccination is requested/approved.
Post Exposure Report	Administrator or designee	Copy to exposed employee & medical facility. Fax to Personnel Department; Fwd hardcopy.
Sharps Injury Log	Site Health Aide or District Nurse	Retained/filed on site; copy sent to Personnel Department.
Offer of Testing & Consent to Test Exposed Employee	Exposed Employee	Copy to exposed employee & medical facility. Fax to Personnel Department; Fwd hardcopy.
Authorization of Services for Exposed Employee	Personnel Department	Taken with employee to medical facility. Confidential file set up in Personnel Department. Copy kept in file.
Authorization and Consent to Test Source Individual (Adult or Student)	Source individual if adult or parent/guardian of student	Copy to source Individual or Parent/Guardian & copy to medical facility. Fax copy to Personnel Department; Fwd hardcopy.
Source Individual Report (If known)	Administrator or designee	Fax to Personnel Department; Fwd hardcopy.
Authorization for Services for Source Individual	Personnel Department or District Nurse	Given to source individual or parent/guardian of source individual. Copy filed in Personnel Department.
Bloodborne Exposure Documentation Follow-up	Personnel Department	Maintain all exposure documentation, records and reports. Check for completeness.



# Cutler-Orosi Joint Unified School District Hepatitis B Vaccination Request/Decline Form

This form is to be filed in the employee's Health File at the District Office.

### DECLINATION OF VACCINATION:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have previously been immunized for hepatitis B (HBV) and do not require additional vaccination.

Name (please print): \_\_\_\_\_ Immunization date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have been tested for hepatitis B (HBV) and have been shown to be immune.

Name (please print): \_\_\_\_\_ Date of test: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I decline hepatitis B (HBV) vaccine due to medical reasons.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACCEPTANCE OF VACCINATION:

I accept Cutler-Orosi Joint Unified School's offer for the hepatitis B (HBV) vaccination. The hepatitis B vaccine will be given in three doses over a six-month period. I understand that I am responsible to complete all three vaccinations in the time frame disclosed by the designated medical facility.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.



# Cutler-Orosi Joint Unified School District

## Hepatitis B Immunization Authorization

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bill To: Cutler-Orosi Joint Unified School District  
 Personnel Department  
 12623 Avenue 416  
 Orosi, CA 93647  
 Phone: 559-528-4763; Fax 559-528-3132**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

I hereby consent to and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the attending physician. I hereby authorize the physician to release any information acquired in the course of my examination/treatment including notice of completion of the immunization series.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Hepatitis B

#### Risks of the Disease

- The first stage of hepatitis B may lead to a loss of appetite, pains in muscles, joints or stomach, diarrhea or vomiting, yellow skin or eyes and death.
- Long-lasting infection with hepatitis B virus may destroy the liver, lead to liver cancer and cause death.
- Each year in the U.S., 150,000 people get hepatitis B; more than 11,000 people have to stay in the hospital for care; 4,000 to 5,000 people die from hepatitis B.

#### How the Disease is spread

Hepatitis B virus is carried in the blood and body fluids of an infected person. It can pass through tiny breaks in the skin, mouth, vagina or penis. A person can become infected in several different ways, such as during birth when the infected mother passes the virus to her baby, by having sex with an infected person, by being stuck with a used needle and by sharing personal items, such as a razor or a toothbrush. People can spread hepatitis B virus without even knowing they have it. The hepatitis B virus can live on a dry surface for at least 7 days.

#### Benefits of the Vaccine

Vaccination is the best way to protect against hepatitis B. Most people get three doses of the hepatitis B vaccine. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

### Hepatitis B Immunization Record

(Physician: Fax copy to District when immunization completed)

Immunization	Date	Dose	Manufacturer/Lot #	Initial	Patient Signature
<b>Hepatitis B</b>					

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.  
 Distribution: Original to employee for physician; Copy to employee's health file



# Cutler-Orosi Joint Unified School District

## HEPATITIS B RESPONSIBILITY ACKNOWLEDGEMENT

### Employees Eligible for Hepatitis B Vaccine

In compliance with our Bloodborne Pathogens Plan, the Cutler-Orosi Joint Unified School District has determined all employees have potential occupational exposures. I acknowledge that I have been given the opportunity to accept or decline the hepatitis B vaccination.

I am a Cutler-Orosi Joint Unified School District employee or volunteer that is covered under the Bloodborne Pathogen Exposure Control Plan (ECP). I have been informed of or received training that included:

- General explanation of the epidemiology and symptoms of bloodborne disease.
- Mode of transmission.
- A written copy of the Cutler-Orosi Joint Unified School District Exposure Control Plan (ECP) is available at each school site's front office and on the District's website [www.cojUSD.org](http://www.cojUSD.org).
- C.C.R. Title 8, Section 5193, is kept with the District's written Exposure Control Plan and is available online at <http://www.dir.ca.gov/title8/5193.html>.
- Online training with specific references to OSHA regulation 29 CFR 1910.1030 with internet links to the OSHA and CDE websites.
- An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and OPIM.
- Methods of Compliance: Universal precautions, engineering controls, work practice controls and Personal Protective Equipment (PPE).
- Decontamination and Disposal: Types, proper use, location, removal, handling, decontamination and disposal of PPE.
- Hepatitis B Vaccination information including: Efficacy, safety, method of administration, benefits and that it is offered free of charge to employees covered under the ECP.
- In an emergency involving blood or OPIM the employee should contact the District Nurse and provide appropriate first aid after using proper Personal Protective Equipment (PPE). The employee may direct other personnel to make initial contact with the nurse and/or District Office.
- Exposure Incident: Explanation of the procedure to follow if an exposure incident occurs, including reporting the incident, medical follow-up available and procedure for recording the incident of the Sharps Injury Log.
- Post-Exposure Evaluation and Follow-up forms and procedures as contained in the ECP must be followed. Evaluation and follow-up testing if needed is at no expense to the employee..

Employee Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Employee Position/Title: \_\_\_\_\_

Site: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.





## Cutler-Orosi Joint Unified School District Sharps Injury Log

The following information, if known or reasonably available, must be documented within 14 days of the date upon which the exposure incident was reported. . A Worker's Compensation report must be filed within 24 hours of the exposure.

1. Exposure incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Report date: \_\_\_\_\_
2. Report written by: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name of employee exposed: \_\_\_\_\_ Job title: \_\_\_\_\_
4. Location of incident (site and area): \_\_\_\_\_
5. Type and brand of sharp involved: \_\_\_\_\_
6. Description of exposure incident: \_\_\_\_\_
7. Procedure being performed by the exposed employee at the time of the incident:  
\_\_\_\_\_
8. How did the incident occur? \_\_\_\_\_
9. Body part(s) involved: \_\_\_\_\_
10. Did the device involved have engineered sharps injury protection? Yes  No
11. Was the engineered sharps injury protection on the sharp involved? Yes  No

If YES to question #11	If NO to question #11
<p>12. Was the protective mechanism activated at the time of the exposure incident? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Did the injury occur before, during or after the mechanism was activated? Before <input type="checkbox"/> During <input type="checkbox"/> After <input type="checkbox"/></p> <p>15. Does the exposed employee believe that any controls (e.g., engineering, administrative or work practice) could have prevented the injury? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. Employee's opinion/suggestion: _____ _____ _____</p>	<p>Does the injured employee believe that a protective mechanism could have prevented the injury? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Describe: _____</p>
<p>17. Comments on the exposure incident (e.g., additional relevant factors involved): _____ _____ _____</p> <p>18. Employee interview summary: _____ _____ _____</p>	

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.

- Attach additional pages as necessary.
- Send the original to the Personnel Department. Keep a copy in the site Bloodborne File.
- This form MUST be kept on file for five (5) years.
- Make copies as needed.



# Cutler-Orosi Joint Unified School District OFFER OF TESTING AND CONSENT TO TEST EXPOSED PERSON - EMPLOYEE

**CONFIDENTIAL**

Printed name of exposed person: \_\_\_\_\_

Exposure incident: Date: \_\_\_\_\_ Site: \_\_\_\_\_ Location (area): \_\_\_\_\_

## NOTICE

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis, HIV infection or other serious illnesses. I further understand that I am being given the opportunity to have my blood collected, to be vaccinated with hepatitis vaccine, to receive HIV and other serious disease counseling at no charge to me.

## SIGN THE STATEMENT BELOW THAT APPLIES TO YOUR DECISION

**I DECLINE** the offer of services including the collection of my blood, the hepatitis vaccination series and HIV and other serious disease counseling at this time. I understand that by declining these services. I continue to be at risk of acquiring hepatitis or other serious diseases. In the future, if I wish to have my blood collected, to be vaccinated with hepatitis vaccine, to receive HIV and other serious disease counseling, I can receive these services at no charge to me.

**I will notify my supervisor or the District in writing if I wish to proceed with any of these services in the future.**

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**I ACCEPT** the offer of services that may include the collection of my blood, the hepatitis B vaccination series and HIV or other serious disease counseling at this time. Please make arrangements for these services.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be downloaded at <http://www.cojusd.org> from the Personnel Forms section.

- Send the original to the Personnel Department.
- Copy to the exposed employee and copy to the medical service provider.
- This form MUST be kept on file for five (5) years.





**Cutler-Orosi Joint Unified School District**  
**AUTHORIZATION OF SERVICE FOR EXPOSED EMPLOYEE**  
**CONFIDENTIAL**

Date: \_\_\_\_\_

To:

JobCare  
 936 G Street  
 Suite B  
 Reedley, CA 93654  
 559-638-5005

Valley Industrial  
 225 S. Chinowth  
 Visalia, CA 93291  
 559-627-3222

From: Cutler-Orosi Joint Unified School District  
 Personnel Department  
 12623 Avenue 416  
 Orosi, CA 93647  
 559-528-4763

Subject: Services(s) authorized:

- HBV, HCV and HIV testing
- HBV vaccination services
- Medical risk and treatment options
- Counseling

This letter authorizes you to provide services to the person identified below in accordance with the Cutler-Orosi Joint Unified School District's Bloodborne Pathogen Exposure Control Plan. Enclosed are the following documents:

- 1. Copy of Post Exposure Report, which includes the exposed employee's job duties as they relate to the exposure incident.
- 2. Copy of Offer of Testing and Consent to Test Exposed Employee
- 3. Source individual's test results, IF available and allowable by law
- 4. Copy of the District's plan (previously provided – file copy)
- 5. Copy of C.C.R. Tile 8, Section 5193 (previously provided – file copy)

Printed name of exposed person: \_\_\_\_\_

Exposure incident: Date: \_\_\_\_\_ Site: \_\_\_\_\_ Location (area): \_\_\_\_\_

**RESULTS ARE TO BE PROVIDED DIRECTLY TO THE TESTED INDIVIDUAL ONLY**

Please complete the evaluation in accordance with the Plan. It is requested that your office report to the District by telephone and in writing the date counseling services and test results were provided to the tested individual.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing:** The District's Worker's Compensation provider is to be billed directly for the services in this letter. If you have any questions, please call the Personnel Department at 559-528-4763.

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.

- Copy to be filed in the Personnel Department in the employee's confidential health file.



# Cutler-Orosi Joint Unified School District AUTHORIZATION AND CONSENT TO TEST SOURCE INDIVIDUAL

**CONFIDENTIAL**

The following authorization form must be completed within 14 days of the date on which the exposure incident was reported.

## EMPLOYEE SECTION

I, (employee name) \_\_\_\_\_ give consent to Cutler-Orosi Joint Unified School District to provide testing for HBV, HVC and HIV as a result of a blood or body fluid exposure incident.

## STUDENT/PARENT SECTION

I am the parent or legal guardian of \_\_\_\_\_ and give consent   
do not give consent  to Cutler-Orosi Joint Unified School District to provide for testing for HBV, HCV and HIV as a result of a blood or body fluid exposure incident.

## INCIDENT INFORMATION

Location of incident: \_\_\_\_\_  
Exposure incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_

## NOTICE OF RIGHTS

**I understand that testing results will be provided to me by the medical/testing facility and that the results do not have to be made available to the Cutler-Orosi Joint Unified School District or to the individual involved in the exposure incident. I further understand that I must give written permission to make the test result available to the District or to any other individual(s) involved in this incident.**

## Authorization to Release Information

- I authorize the test results to be made available to the District and the exposed employee.  
 I DO NOT authorize the test results to be made available to the District or the exposed employee.

## ACKNOWLEDGEMENT

I have been informed that I have the right to receive a copy of this authorization and I hereby acknowledge receipt of a true copy. A photostatic or facsimile copy of this Authorization and Consent to Test shall be as valid as an original of the same.

## EMPLOYEE SIGNATURE

Employee Name , Printed: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN SIGNATURE

Print Name of Parent or Legal Guardian: \_\_\_\_\_  
Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be downloaded at <http://www.cojusd.org> from the Personnel Forms section.

- Attach additional pages as necessary.
- Send the original to the Personnel Department. Keep a copy in the site Bloodborne File.
- This form MUST be kept on file for five (5) years.
- References: Health & Safety Code Chapters 1.11, 1.12, Sections 199.221, 199.30, 199.31, 199.37



# Cutler-Orosi Joint Unified School District SOURCE INDIVIDUAL REPORT

**CONFIDENTIAL**

Instructions: The site administrator should complete and FAX this form to the Personnel Department within 24 hours of becoming aware of a reported exposure.

Exposure incident:      Date: \_\_\_\_\_ Time: \_\_\_\_\_ Site: \_\_\_\_\_  
Location of incident (area): \_\_\_\_\_

**Identify the source individual unless the District establishes that identification is not feasible or is prohibited by law. Assistant Superintendent of Administrative Services will determine if identification is permitted by law.** (References: Health and Safety Code Chapters 1.11, 1.12, sections 199.21, 199.302, 199.31 and 199.37)

Name of source individual: \_\_\_\_\_ Job title: \_\_\_\_\_

**If the source individual is a student:**

Has parent or legal guardian been contacted?      Yes       No

Person contacted: \_\_\_\_\_

Date contacted: \_\_\_\_\_ How contacted: \_\_\_\_\_

Administrator who made the contact: \_\_\_\_\_

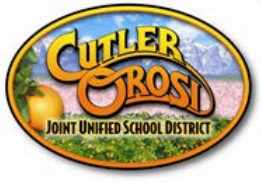
Was verbal consent requested for source individual testing?      Yes       No

**If yes**, have the source individual (or parent/legal guardian) complete and sign an Authorization and Consent to Test form and submit it to the District Department.

This report completed by: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.

- Send the original to the Personnel Department. Keep a copy in the site Bloodborne File.
- This form MUST be kept on file for five (5) years.



**CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT**  
**Authorization for Services for Source Individual**  
**CONFIDENTIAL**

Date: \_\_\_\_\_

To:

JobCare

936 G Street

Suite B

Reedley, CA 93654

559-638-5005

Valley Industrial

225 S. Chinowth

Visalia, CA 93291

559-627-3222

Subject: Service Authorization: ( ) HBV, HCV and HIV Testing  
( ) HBV Antigen Test

This letter authorizes you to provide the services above to \_\_\_\_\_  
in accordance with the Cutler-Orosi Joint Unified School District Exposure Control Plan for Bloodborne  
Pathogens. Enclosed are the following documents:

- ( ) Authorization and Consent to Test; and
- ( ) Authorization to Release Test Results (if applicable)

**These tests are being conducted as a result of a workplace exposure and should be billed to the District's workers' compensation carrier.** It is requested that your office notify the District by telephone and follow-up in writing of the date the test results were provided to the tested individual or tested individual's parent or legal guardian.

Please feel free to contact the Personnel Department at 559-528-4763 with any questions regarding the information in this letter.

Authorizing Signature: \_\_\_\_\_

This form may be downloaded at <http://www.cojUSD.org> from the Personnel Forms section.  
Distribution: Original to JobCare; copy to Source Individual or Parent/Guardian; copy to Personnel Department



# Cutler-Orosi Joint Unified School District Bloodborne Exposure Documentation Follow-up **CONFIDENTIAL**

Exposure Date: \_\_\_\_\_ Exposed Employee: \_\_\_\_\_

Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

## Exposed Employee (EE) Follow-up Information

Exposure Report Received on (date): \_\_\_\_\_

EE Consent to Test/Decline provided on (date): \_\_\_\_\_ Returned (date): \_\_\_\_\_

Exposed Employee testing scheduled on (date): \_\_\_\_\_ Declined:

Testing Facility Name:  JobCare  
936 G Street  
Suite B  
Reedley, CA 93654  
559-638-5005

Valley Industrial  
225 S. Chinowth  
Visalia, CA 93291  
559-627-3222

Documents provided to testing facility:

- Copy of Post Exposure Report (including employee's job description)
- Source test Results (if available)  Source test not available
- Copy of District Exposure Control Plan (on file at JobCare – Reedley)
- Offer and Consent to Test
- Authorization for Services

Exposed Employee test results provided to employee by testing facility on (date): \_\_\_\_\_

Source individual's test results provided to EE (if allowable by law) on (date): \_\_\_\_\_

## Source Individual Follow-up

Written consent to test source received? Yes  Date: \_\_\_\_\_ Refused

Source testing scheduled on (date): \_\_\_\_\_

Testing facility name/address: \_\_\_\_\_

Source individual report received : Yes  Date: \_\_\_\_\_ No

Testing results provided to source individual by testing facility on: Date: \_\_\_\_\_

This form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

References: Health & Safety Code Chapters 1.11, 1.12, Sections 199.221, 199.30, 199.31, 199.37

This form may be downloaded at <http://www.cojusd.org> from the Personnel Forms section.

## Glossary

Designated	Employees who are appointed by their employer as emergency response personnel.
Epidemiology	A branch of medical science that deals with the incidence, distribution and control of a disease in a population.
Exposure	When there is contact with blood or other potentially infectious material on <i>intact</i> skin, clothing or personal protective equipment.
Exposure Incident	When there is contact with blood or other potentially infectious material involving mucous membranes or abraded skin.
Exudative Lesion	An oozing wound.
Fluids:	<i>Amniotic</i> : The fluid surrounding an embryo in the womb. <i>Cerebrospinal</i> : A liquid that is comparable to serum and secreted from the blood that is found in the brain and spinal column. <i>Pericardial</i> : The fluid that is found in the sac that surrounds the heart. <i>Pleural</i> : Moistens the lining of the lungs to facilitate movement while breathing. <i>Synovial</i> : A lubricating fluid secreted by a joint or bursa or tendon sheath.
Hypoallergenic	Diminished potential for causing an allergic reaction.
Mucous Membrane	A membrane that lines body passages and cavities which communicate directly or indirectly with the exterior.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
Pathogens	Viruses and bacteria that cause disease.
Percutaneous	Effected or performed through the skin.
Seroconversion	Development of evidence of antibody response to a disease or vaccine.
Serological	The scientific study of blood.
Sharp	Any sharp instrument that can lacerate, puncture or invade tissue.
Vascular	Relating to a channel for the conveyance of body fluids such as blood.
Venipuncture	A surgical puncture of a vein for the withdrawal of blood or to give intravenous injections.